Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate		el produced by rate revision effective	11/19/2010 New & 10/13/2010 Ren
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial	\$11,397,720	3.0%
2.	Automobile Physical Damage Private Passenger Commercial	\$8,665,288	0.1%
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8. 9.	Boiler and Machinery		
• •	Fire		
	Extended Coverage Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other .		
15.	Line of Insurance		
Doe		erritories) or certain classes? If so, specify:	
		nge only applies to territory 7,17,21,23,28,49,63,73,7	
	of description of filing. (If filing follows ra g revision to Connections Auto program consistir	ates of an advisory organization, specify or ng of territory factors and base rate changes.	ganization):
	ljusted to reflect all prior rate changes. hange in Company's premium level wh	ich will result from application of new rates	i. nancial Alliance Insurance Company
			Name of Company
		Mandi AL-B	leik - Associate State Filing Analyst
		- · · · · · · · · · · · · · · · · · · ·	Official – Title

Change in Company's	premium	or rat	e level	produced	by	rate
revision effective	10-14-10					

(1)	(2)	(3) Percent		
Coverage	Annual Premium Volume (Illinois)*	Change (+ or <u>-)**</u>		
Coverage	VOLUME (IIIIIOIB)	Citatigo (, o=		
1. Automobile Liability Private Passenger Commercial	\$7,135,637	3.0%		
				
2. Automobile Physical Damage Private Passenger Commercial	\$3,591,276	3.0%		
3. Liability Other Than Auto				
4. Burglary and Theft				
5. Glass				
6. Fidelity				
7. Surety				
8. Boiler and Machinery				
9. Fire				
10. Extended Coverage				
11. Inland Marine				
12. Homeowners				
13. Commercial Multi-Peril				
14. Crop Hail				
15. Other				
Line of Insurance				
Does filing only apply to certain If so, specify: No	territory (territories)or	certain classes?		
Brief description of filing. (If organization, specify organization With this filing, Allstate is proposing a revision to Medical, Uninsured/Underinsured Motorist, Collis	n): the Rate Adjustment Factors for Bodi			
* Adjusted to reflect all prior: ** Change in Company's premium leresult from application of new	vel which will			
		G		
	Allstate Indemnity Name of Compar			
	маше от сощрат	± y		
	and M. Galeni State Eilinge	Project Manager		
	Andi M. Colosi - State Filings Official - Tit	1 e		
H29219D	OLLIGARE XIO			

Change in Company's revision effective	_	or rate	level	produced	by ·	rate
(1)		3	(2)			

revision effective $10-14-10$		- •
(1)	(2)	(3)
ν-,	Annual Premium	Percent
Coverage	<pre>Volume (Illinois)*</pre>	Change (+ or -)**
1. Automobile Liability		
Private Passenger	\$97,868,529	0.0%
Commercial		
2. Automobile Physical Damage		
Private Passenger	\$157,270,501	0.0%_
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other	-	
Line of Insurance		
Does filing only apply to certain	territory (territories)	or certain classes?
	icyholders who are eligible for Leve	
Discount.	,	
Brief description of filing. (If	filing follows rates of	an advisory
organization, specify organization	o). With this filing A	llstate is modifying its
:	rating plan for Bod	ily Injury, Property
	Damage, Medical, Co.	llision, and
	Comprehensive cover	ages in the state of
		te Insurance Company.
		ange associated with
	this filing is 0.0%	•
* Adjusted to reflect all prior r		
** Change in Company's premium lev result from application of new		
resure from appricacion of new	Taces.	

**	Change	in Co	ompany's	prem	ium	Tevel	which	MJTI
	result	from	applica	tion	of n	ew rat	tes.	

Allstate Insurance Company	
Name of Company	
Andi M Colosi – State Filings Project Manager	
Official - Title	

H29219D

Change in Company's	premium	or	rate	level	produced	by	rate
revision effective	10-14-10					•	

revision effective 10-14-10	- •		
(1)	(2) Annual Premium	(3) Percent	
Coverage	Volume (Illinois)*	Change (+ or -)**	
1. Automobile Liability Private Passenger Commercial	\$82,068,207	0.0%	
2. Automobile Physical Damage Private Passenger Commercial	\$82,068,207	0.0%	
3. Liability Other Than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage 11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
	1.02.0		
14. Crop Hail			
15. Other Line of Insurance			
Line of Insurance			
	territory (territories)or ies to policyholders who a nds People Discount.		
Brief description of filing. (If organization, specify organization	n): With this filing, All rating plan for Bodil Damage, Medical, Coll Comprehensive coverage Illinois for Allstate	lstate is modifying its ly Injury, Property lision, and ges in the state of e Property and Casualty he overall rate change	
* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new Alls	vel which will		

Andi M. Colosi - State Filings Project Manager
Official - Title

H29219D

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 10/01/2010 New Bisiness +12/1/10 Reviewals

_	(1)	(2) Annual Premium	(3) Percent
-	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private	Volume (minors)	Gridings (* 3.)
1.	Passenger	\$2,000,000 (est)	-0.01%
	Commercial	\$2,000,000 (est)	-0.0170
2	Automobile Physical Damag		
۷.	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
J. 4.	Burglary and Theft		
+. 5.	Glass		
ე. ე.			
o. 7.	Fidelity		
	Surety		
3.	Boiler and Machinery	-	
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Life of Insurance		
•	Does filing only apply to certa	in territory (territories) or	certain
	Classes? If so,	any termory (termemos) or	
		2H-2L, 2P-2T, 2W-2Z, 3A, 3D	, 3G, 3H, 3M in the following terr:
	4,11,14,33,42,44,45,49,51,53,54,5		
	Brief description of filing. (If f		
	Organization, specify	ing follows rates of air at	24.00.19
	organization):	Modifies Class and Ter	ritory relativities based on
	competitor market data		
	COMPONION MARKET CASE		
	*Adjusted to reflect all prior ra	ate changes.	
	**Change in Company's pren	nium level which will resul	t from application of new
	rates.		• •
		American Alliance	Casualty Company
			ne of Company
			Underwriting Manager
			Official – Title

Change in Company's premium or rate level produced by rate revision effective 12/1/10 N & 2/1/11 R

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or)**
4			
1.	Automobile Liability	¢4 454 005	11.40%
	Private Passenger	\$1,451,285	11.40%
2	Commercial		
2.	Automobile Physical Damage	£4 260 003	1 500/
	Private Passenger	\$1,269,003	
3.	Commercial		
	Liability Other Than Auto		
4. 5.	Burglary and Theft Glass		
5. 6.			
0. 7.	Fidelity		
7. 8.	Surety		
	Boiler and Machinery		
9. 10.	Fire		
11.	Extended Coverage Inland Marine	1131.00	
12.	Homeowners		
13.	Commercial Multi-Peril		
14.			
15.	OtherLine of Insurance	Annau Marian	
	Line of insurance		
Doe	s filing only apply to certain territory (terri	itories) or certain classes? If so, spe	cifv: No
	3 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	, ,	·
Brie	f description of filing. (If filing follows rate	es of an advisory organization, speci	fy organization):
Incre	ased base BI, PD, Collision and Med Pay rates a	nd decreased the Comprehensive rates in all	territories for an
over	all premium effect of +5.4%.		
			-

*	Adjust	to	reflect	tall	prior	rate	changes.	
---	--------	----	---------	------	-------	------	----------	--

Columbia Mutual Insuance Co.

Name of Company

Dennis McVay, CPCU Director, Research & Development Official - Title

^{**} Change in Company's premium level which will result from application of new rates.

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SEP 1 3 2010

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

SUMMERY SHEET

Change in Company's premium or rate level produced by rate revision effective 144/09 New Business

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or-)**
Automobile Liability private		
Passenger Commercial	\$6,448,299	18
2. Automobile Physical Damage		
Private Passenger Commercial	\$2,149,433	18
3. Liability Other Than Auto		
 Burglary and Theft 		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler or Machinery		
9. Fire		
Extended Coverage		
11. Inland Marine		
12. Homeowners		
Commercial Multi-Peril		
14. Crop Hail	· · · · · · · · · · · · · · · · · · ·	
15. Other		* H
Line of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: Illinois Taxi all territories and classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify): Filing is for a reduction of Taxi Cab rates for Delphi Casualty Company in Illinois. The reduction is approximately 18%

- Adjusted to reflect all prior rate changes.
- Change in company's premium level which will result from application of new rates. We expect to write approximately an additional \$200,000 in taxi business.

Delphi Casualty Company

Name of Company

Thomas L. Shea

Commercial Underwriting Manager

Change in Company's premium or rate lev	vel produced by rate revision effective:	9/16/10New Business
		10/31/2010 Renewals
(1)	(2)	(3)
, ,	Annual Premium	Percent Change
Coverage	Volume (Illinois)*	(+ or) **
 Automobile Liability Private Passenger 	5,169,000	+ 8%
2. Automobile Physical Damage Private Passenger	4,188,000	+ 7%
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners	*****	
13. Commercial Multi-Peril		
14. Crop Hail		
15. Worker's Compensation		
16. Other Line of Insurance		
	territories) or certain classes? If so, spe	ecify: It applies to all driver class 3 single
female.		
Brief description of filing. (If filing follow	vs rates of an advisory organization, spe	ecify organization):
Changed base rates for driver class 3		
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level w	nich will result from applications of ne	ew rates.

Direct Auto Insurance Company

Name of Company

Official and Title

Underwriting Supervisor

C	/DE 21
Form	(RF-3

	Change in Company's prem revision effective.	ium or rate level p 1:	2/1/2010 .	
	(1)	(2) Annual Pr	emium	(3) Percent
	Coverage	Volume (II	linois)*	Change (+ or -)**
	Automobile Liability			
	Private Passenger	\$	881,890	+2.7%
	Commercial			
	Automobile Physical Damage			
	Private Passenger Commercial	\$		-1.6%
	Liability Other Than Auto			
	Burglary and Theft	•		
	Glass			
	Fidelity			
	Surety			
	Boiler and Machinery			
	Fire			
D.	Extended Coverage			
1.	Inland Marine	<u></u>		
2.	Homeowners			
3.	Commercial Multi-Peril			
4.	Crop Hail			
5.	Other			
	Line of Insurance			
	Does filing only apply to certain terri No			
			4, 3, , , , , , , , , , , , , , , , , ,	n anasifu arangization\:
	Brief description of filing. (If filing foll Revisions to base rates, mode	ows rates of an ac el year factors, an	d renewal premium	capping factors
				······································

Erie Insurance Company

VP Actuarial

^{*} Adjusted to reflect all prior rate changes.
** Change in company's premium level which will result from application of new rates

Form	(RF-3) <u>SUMN</u>	MARY SHEET		
	Change in Company's premium revision effective.	or rate level	produced by rate 12/1/2010 .	
	(1)	(2) Annual P	remium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability			
	Private Passenger	\$	24,402,051	+2.5%
	Commercial			
2.	Automobile Physical Damage			
	Private Passenger	\$	18,017,344	-1.6%
	Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery			
9.	Fire	-		
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail	n.v		
15.	Other			
	Line of Insurance			
	Does filing only apply to certain territor			f so, specify:
	Brief description of filing. (If filing follow Revisions to base rates, model y	s rates of an ear factors, a	advisory organizatio nd renewal premium	n, specify organization): capping factors

* Adjusted to reflect all prior rate changes.

Erie Insurance Exchange

Name of Company

/ Keith Holler VP Actuarial

^{**} Change in company's premium level which will result from application of new rates

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or ra	te level produced by rate revision
effective 11/01/2010	

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger	\$206,404	+1.3%
Commercial		
Automobile Physical Damag		
Private Passenger	\$160,273	-6.1%
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other		
Life of Insurance		
Does filing only apply to certa Classes? If so,	nin territory (territories) or	r certain
specify: The filin	g applies statewide.	
Brief description of filing. (If f	iling follows rates of an a	advisorv
Organization, specify	mig ronovio racco or arr o	,
organization):	We are adopting ISO's lo	ss cost revision (PP-2010-BRLA1)
physical damage rating factor revision (P		
*Adjusted to reflect all prior re	ato changes	
*Adjusted to reflect all prior ra **Change in Company's premates.		ult from application of new
iaios.	Pharmacists Mutu	ial Insurance Company

Pharmacists Mutual Insurance Company
Name of Company
Kris Laubenthal - Rate Analyst
Official – Title

	nge in Company's premium or rate level produced by rate revision, ctive 09/17/2010		
ene	(1)	(2) Annual	(3) Percent
	Coverage	Premium Volume (Illinois)*	Change (+ or -)**
	l Automobile Liability		
•	Private Passenger	29,191,798	2.60%
٠	Commercial		-
	2 Automobile Physical Damage		
•	Private Passenger	18,251,993	-5.08%
٠	Commercial		
	3 Liability Other Than Auto		
	4 Burglary and Theft		
	5 Glass		
	6 Fidelity		
	7 Surety		
	8 Boiler and Machinery		
	9 Fire		
	10 Extended Coverage		
	11 Inland Marine		
	12 Homeowners		
	13 Commercial Multi-Peril		
	14 Crop Hail		
	15 Other(Line of Ins.)		
Doe	es filing only apply to certain territory (territories) or certain cl	asses? If so, specify:	
Fili	ng applies to all territories and all driver classes.		
Rri	ef description of filing. (If filing follows rate of an advisory org	anization, specify	

<u>Progressive Direct Insurance Company</u> Name of Company

Revised rates for private passenger automobile liability and physical damage by adjusting base rates.

organization(s).)

Mark Arnell - Illinois Product Manager Official - Title

^{*} Current annual premium for Progressive Direct business in the State of Illinois adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates. Compared to previous rate revision

effective 09/17/2010 (1) Coverage		(2) Annual Premium	(3) Percent Change	
	20.0.080	Volume (Illinois)*	(+ or -)**	
	1 Automobile Liability			
•	Private Passenger	33,016,912	-1.27%	
•	Commercial			
	2 Automobile Physical Damage			
•	Private Passenger	18,358,949	-8.89%	
•	Commercial			
	3 Liability Other Than Auto			
	4 Burglary and Theft			
	5 Glass			
	6 Fidelity			
	7 Surety			
	8 Boiler and Machinery			
	9 Fire			
	10 Extended Coverage			
	11 Inland Marine			
	12 Homeowners			
	13 Commercial Multi-Peril			
	14 Crop Hail			
	15 Other (Line of Ins.)			
	 ,	-	<u> </u>	
Doe	s filing only apply to certain territory (territories) or cert	ain classes? If so, specify:		
c:::.	ng applies to all territories and all driver classes.			
1 1111	ig applies to all territories and all driver classes.			

	of description of filing. (If filing follows rate of an advisor anization(s).)	y organization, specify		
Rev	ised rates for private passenger automobile liability and physi	ical damage by adjusting base rates.		

* Current annual premium for Progressive Universal business in the State of Illinois adjusted to reflect all prior rate changes.

<u>Progressive Universal Insurance Company</u> Name of Company

Mark Arnell - Illinois Product Manager Official - Title

^{**}Change in Company's premium level which will result from application of new rates. Compared to previous rate revision

Form (RF-3)

SUMMARY SHEET

Change	in Company's premium or rate level	produced by rate revision effective	12/01/2010 New Business
			12/28/2010 Renewal Business
	(1)	(2)	(3)
	<u>Coverage</u>	Annual Premium Volume (Illinois)*	Percent Change (+or -)**
1.	Automobile Liability		
	Private Passenger	\$3,141,699	-4.8%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	\$3,355,279	-10.2%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
	filing only apply to certain territory (t	erritories) or certain classes? If so, speci	ify:
Brief	description of filing. (If filing follow	s rates of an advisory organization, speci	ify organization):

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Implemented the following revisions resulting in an overall rate decrease of 7.6%. Revised Base Rates, Rate Caps, Deductible Relativities, Territory Relativities, Tier Factors, Tier Assignment, BI Limit Factors, PD Limit Factors, Operator Driving Experience Factors, High Power/High Value Vehicle Factors, Multi-Car Factors now vary by number of youthful operators, Age/Gender/Marital Status Factors, Accident Factors, Conviction Factors, Annual Mileage Factors, Policy Advantage Factors as well as the following Discounts; Premier Driver, Away At School, Good Student, and New Vehicle.

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

USAA GENERAL INDEMNITY COMPANY

Name of Company John Mancini, Executive Director Regulatory Compliance

Official - Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate	level produced by rate revision effective	09/29/2010
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	<u>Volume (Illinois)*</u>	<u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial	\$4,634,954	+2.7%
2. Automobile Physical Damage		0.00/
Private Passenger Commercial	\$1,129,742	+3.0%
3. Liability Other Than Auto		
4. Burglary and Theft5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		·
14. Crop Hail 15. Other		
Line of Insurance		
	s rates of an advisory organization, specify o	
rates.		
discount and the quarterly discount and	n 09NS products will have identical rates was the renewal effective dates. The purpose consument term that best fits their individual ne	of continuing with two identical products
an adequate and more accurate rate	g our base rates. These new rates should be level, thus allowing our company to grow page aboves.	
success of this program depends on the	ese changes.	
*Adjusted to reflect all prior rate change **Change in Company's premium level	es. which will result from application of new rate	es .
	Viking Insur	ance Company of Wisconsin Name of Company
	Joshua Garbe - IL P	roduct Manager / Sr. Product Analyst